

Priory Surgery

Quality Report

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Date of inspection visit: 25 July 2016
Date of publication: 12/10/2016

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Priory surgery on 25 July 2016.

Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed. Although, they had not ensured that there was a failsafe system to monitor all cervical screening results were received back in the practice. However, the practice implemented a change in process the day of inspection.
- The practice had responded to their vulnerable population group and had worked effectively to ensure that their needs were fully met. All staff within the practice showed that they recognised the signs when further support may be needed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they did not find it easy to make an appointment; the practice had recognised and put measures in place to respond to this.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

The areas where the provider should make improvements are:

- Ensure the system in place to promote the benefits of cervical screening is reviewed to increase uptake.
- Ensure the practice continues to engage with patients whilst reviewing the outcomes of the national GP patient survey to determine appropriate action with a view to improving the patient experience.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- The practice had the necessary equipment and procedures for dealing with emergencies.
- Blank printer prescription stationery was stored securely within the practice and was not tracked to individual practitioners, in line with current national guidance.
- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- Recruitment checks were conducted in line with current legislation.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Performance for mental health related indicators was above the local and national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice held regular sessions designed to improve public health outcomes, including, Heart MOT, Live well, contraception, travel and chronic disease clinics.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice comparable with others for several aspects of care,
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they it easy to make an appointment with a named GP and there was continuity of care. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

The practice is rated as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified older patients and coordinated the multi-disciplinary team (MDT) for the planning and delivery of palliative care for patients approaching the end of life.
- We saw unplanned hospital admissions and re-admissions for the over 75's were regularly reviewed and improvements made.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were higher than national averages. For example, 100% of patients aged 50 or over (and who have not attained the age of 75) with a fragility fracture and confirmed diagnosis of osteoporosis, were currently treated with an appropriate bone-sparing agent. This is higher when compared to the local Clinical Commissioning Group (CCG) average (89%) and national average (92%).

People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice employed a pharmacist to assist with the health and medication reviews of patients with long term conditions.
- Performance for diabetes related indicators was 88% which was comparable to the clinical commissioning group average of 92% and national average of 89%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Performance for Chronic Obstructive Pulmonary Disease (COPD, a collection of lung diseases including chronic

Summary of findings

bronchitis and emphysema) indicators showed the practice had achieved 100% of targets which was similar when compared to the CCG average (99%) and higher when compared to the national average (96%).

Families, children and young people

The practice is rated as good for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was %, which was below the CCG average of and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The surgery offered extended late appointments every week day until 7pm.
- Although patients were unhappy with the opening times this had not been responded to. Patients commented that they found it difficult to take triage calls for same day appointments as they were commuting or working when the GP called them. If they missed this call they had to call the surgery back to be offered another.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- An audit was completed to highlight areas of development with uptake of learning disability health checks.
- The practice had designed an easy read format (easy read refers to the presentation of text in an accessible, easy to understand format) invitation letter to improve the uptake of learning disability health checks. The number of health checks undertaken was 62%, which is above the national average of 44%.
- Practice staff were trained to recognise signs of abuse within their vulnerable patients. This resulted in reception staff highlighting particular individuals to GP's that they felt needed further support. For example, when a patient with a learning disability deteriorated, the whole family was given a welfare assessment to enable extra support services to be put in place.
- GPs worked within a multi-disciplinary team to ensure the best outcomes for vulnerable patients. For example, the practice supported a vulnerable patient to understand their legal rights and capacity to make decisions. The surgery successfully dealt with challenging confidentiality and mental capacity issues.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had a number of patients who were considered homeless and they provided support them by offering longer appointments and allowing them to use the surgery to receive their mail. The practice had a number of patients registered who were staying in supported living and temporary accommodation.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 85% of patients diagnosed with dementia that had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the local average of 86% and the national average of 84%.
- 95% of patients diagnosed with a severe mental health issue who had a comprehensive, agreed care plan documented in the last 12 months, which was higher than the local average of 89% and the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice's care of a patient with complex mental health issues was used as a teaching opportunity of excellent clinical care and liaison with other services within the clinical commissioning group and local schools.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published July 2016. The results showed the practice was performing in line with local and national averages. 256 survey forms were distributed and 107 were returned. This represented 0.8% of the practice's patient list.

- 61% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 85% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 82% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 71% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 29 comment cards, 13 of these were fully positive about the standard of care received. There were 13 mixed responses, all were positive about the care from the clinical staff but commented that they had issues getting through on the telephone and being able to book an appointment. The final three were only negative comments regarding getting an appointment and problems with repeat prescriptions.

We spoke with nine patients during the inspection. All nine patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Feedback from the patients who used the service was positive and all of the patients we spoke with talked positively about the personalised and responsive care provided by the practice. Patients we spoke with told us their dignity, privacy and preferences were always considered and respected.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure the system in place to promote the benefits of cervical screening is reviewed to increase uptake.
- Ensure the practice continues to engage with patients whilst reviewing the outcomes of the national GP patient survey to determine appropriate action with a view to improving the patient experience.

Priory Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team also included a GP specialist adviser.

Background to Priory Surgery

Priory Surgery provides services from a converted three storey Victorian town house to patients living in and around High Wycombe. There are patient areas on two floors with the ground floor being accessible to patients with mobility issues, as well as parents with children and babies. It is a town centre practice with approximately 12,300 patients on the practice list and is an area of medium deprivation.

The practice has a population distribution which is similar to the national average, although they have a higher number of patients aged 25-49 years. Life expectancy is comparable to the national average and the practice population has around 25% mixed ethnic origins. There is a higher percentage of patients that are unemployed.

The practice holds a General medical service contract and consists of six GP partners (three female and three male). There is an advanced nurse practitioner, two practice nurses (female), a healthcare assistants and a pharmacist. The practice is a training practice for GP Registrars (since 2013). GP Registrars are qualified doctors who undertake additional training to gain experience and higher qualifications in general practice and family medicine.

The GPs and nurses are supported by a practice manager and a team of administration and reception staff. A wide range of services and clinics are offered by the practice including: asthma, diabetes, and minor surgery and child health/baby clinics.

The practice is open from 8.30am to 7pm Monday to Friday with phone lines opening at 8am.

An out of hour's service is provided by Care UK, outside of the practices open hours, and there is information available to patients on how to access this at the practice, in the practice information leaflet and on the website.

Services are delivered from: 24 Priory Avenue, High Wycombe, Buckinghamshire, HP13 6SH.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 25 July 2016. During our visit we:

- Spoke with a range of staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice identified that an opportunity to follow up on a missed health check may have identified the requirement for further support. The practice undertook a full audit on their uptake of these health checks. This resulted in them designing and implementing an invitation letter in an easy read format to improve the uptake.

The practice had been involved in two significant events where actions were taken outside of the practice. One had resulted in a local hospital amending their policy on prescribing warfarin. The second was highlighted nationally as during the transition to electronic reporting the practice computer system was not set up correctly and reports were not automatically pulled through. The surgery was complimented by the national reporting and learning system for their internal systems on significant event management.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. Nurses were trained to level two and non-clinical staff to level one.
- The practice had made six safeguarding referrals in the last 12 months and had identified and responded to various complex needs within this group.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy

Are services safe?

teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to

monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available.

The most recent published exception reporting was lower when compared to the CCG and national averages, the practice had 6% exception reporting, the CCG average exception reporting was 9% and the national average was 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets.

Data from 2014/2015 showed:

- Performance for diabetes related indicators was 88% which was comparable to the clinical commissioning group average (CCG) of 92% and national average of 89%.
- Performance for mental health related indicators was 100% which was above the CCG average of 97% and the national average of the national average of 93%.

- Exception reporting diabetes related indicators was 1% which was below the clinical commissioning group average (CCG) of 4% and national average of 4%.

There was evidence of quality improvement including clinical audit.

- There had been clinical audits undertaken in the last two years, of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, one audit reviewed the management of patients who had been prescribed an anticoagulation (anticoagulants are medicines that help prevent blood clots) to manage diagnosed atrial fibrillation (an abnormal heart rhythm characterised by rapid and irregular beating). The first cycle of audit, indicated 72% of patients were anticoagulated, above the national guidelines of between 40 – 70%. The second cycle of audit indicated 77% of patients were anticoagulated, an improvement in the findings in the previous cycle (72%).

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions had regular training updates and protected study time.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice

Are services effective?

(for example, treatment is effective)

development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice identified older patients and coordinated the multi-disciplinary team (MDT) for the planning and delivery of palliative care for patients approaching the end of life. The practice was aware of the gold standards framework for end of life care and knew how many patients they had who were receiving palliative care including a palliative care register.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. The practice employed a pharmacist to assist with the health and medication reviews of patients with long term conditions. This supplemented the care given by the GP and as an alternative means of support while GP recruitment remained an issue.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. The practice had supported vulnerable patients with complex needs to understand their rights to make their own legal decisions. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and
- Smoking cessation advice was available

The practice's uptake for the cervical screening programme was 74%, which was lower than the CCG average of 84% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice had identified that this was low uptake and had implemented extra measures to improve this. A display board was in both of the waiting rooms with information on cervical screening available in different languages (that were commonly used within the practice). Invitation letters were also being sent in other languages to target specific population groups with a low uptake. A project had been designed to target what the practice called the 'missing 200', however it was too early in the process to show any impact on the uptake.

Are services effective?

(for example, treatment is effective)

The practice had failed to ensure that there was a failsafe system to ensure that all cervical screening results were received. This was rectified on the day of inspection.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

- 54% of patients at the practice (aged between 60-69) had been screened for bowel cancer in the last 30 months; this was similar when compared to the CCG average (59%) and national average (58%).
- 79% of female patients at the practice (aged between 50-70) had been screened for breast cancer in the last 36 months; this was similar to the CCG average (74%) and higher than the national average (72%).

Childhood immunisation rates for the vaccinations given were higher than the CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94%% to 99% compared to CCG average of 93% to 97%, and five year olds from 83% to 97% compared to CCG averages of between 79% to 96%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We spoke with nine patients during the inspection. All nine patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Feedback from the patients who used the service was positive and all of the patients we spoke with talked positively about the personalised and responsive care provided by the practice. Patients we spoke with told us their dignity, privacy and preferences were always considered and respected.

All of the 29 patient Care Quality Commission comment cards we received were positive about the standard of care received when they attended the surgery. Patients said they felt the staff were helpful, caring and treated them with dignity and respect. There were issues with booking an appointment and getting through on the telephone, which the practice had responded to.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable for its satisfaction scores on consultations with GPs. For example:

- 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.

- 89% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.
- 75% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

The practice had conducted an internal survey and found that the low satisfaction with the receptionists was due to the new appointments system and difficulty in booking advance appointments. The patients we spoke to on the day corroborated this. They commented that although the receptionists were not rude they often could not offer them an appropriate appointment as they were not available.

The new appointments system meant that all patients requiring a same day appointment would call the practice in the morning and would be called back to be triaged by a GP. They would then be offered an appropriate appointment. This resulted in issues with telephone access early in the morning and patients missing the call back from GPs. The system was communicated to the patients via the website.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. The practice was comparable for its satisfaction scores on consultations with GPs but lower for nurses. For example:

Are services caring?

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.
- 85% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 73% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 98% and the national average of 97%.

The practice had identified that satisfaction with nurse care was low during the previous survey. They had responded to this by employing a nurse practitioner and an extra health care assistant, as it was felt that recruitment issues and absences may have contributed to this. This had not yet shown improvement in the satisfaction scores.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- The waiting areas all had notice boards with key topics in the most common languages. These boards were regularly changed to reflect current themes.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 153 patients as carers (1.2% of the practice list). The practice had allocated a GP lead for carers and were working towards the Investors in carers standards. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them and sent them a sympathy card. This call was followed by a patient consultation at a flexible time and by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered appointments until 7pm every weekday evening for working patients who could not attend during normal opening hours.
- Appointments could be booked in person or over the phone. Repeat prescriptions could also be ordered electronically.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had applied for additional funding to improve accessibility to the surgery due to the steep surface outside the surgery. Treatment rooms and consulting rooms were available on the ground floor for those who could not use the stairs.
- An audit was completed to highlight areas of development with uptake of learning disability health checks. This resulted in the design and implementation of a leaflet and assessment form in an easy read format (easy read refers to the presentation of text in an accessible, easy to understand format) to improve the uptake of learning disability health checks.
- The practice demonstrated through a number of case studies that all staff in the practice recognised when patients were vulnerable and may need extra support.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Appointments were from 8.30am to 6.30pm every weekday. Extended hours appointments

were offered between 6.30pm and 7pm weekdays. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. However, survey results relating to practice opening hours, getting through on the phone and seeing a preferred GP were lower than the local and national averages.

- 64% of patients were satisfied with the practice's opening hours compared to the national average of 76%.
- 61% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 45% of patients said they could usually get to see their preferred GP compared to the CCG average of 63% and the national average of 59%.

We reviewed the practice appointment system and found that there were urgent appointments still available on the day of inspection and that routine appointments were available up to four weeks in advance, with the first one being available in one week. The practice was aware of the results from the latest national GP patient survey in terms of low levels of patient satisfaction regarding access.

Using previous survey results and patient's feedback, the practice had implemented a series of changes with a view to improve access. For example:

- Priory Surgery had installed five additional telephone lines. Furthermore, there were now four receptionists dedicated to take calls in the morning and one on the front reception desk.
- The practice had employed a nurse practitioner with a view to increase availability of the appointments to see more patients presenting with minor illness.
- New models for appointments had been designed but had not yet been implemented.

Despite the practice responding to patient feedback it was too early to evaluate the outcome of these changes.

Are services responsive to people's needs?

(for example, to feedback?)

People told us on the day of the inspection that they were able to get appointments when they needed them urgently but could not always book an advance appointment when it was suitable.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

This was done by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system

We looked at nine complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, and with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, there were a number of complaints regarding processing of repeat prescriptions. The practice had recently identified one member of staff to deal with the repeat prescriptions to ensure they were dealt with in a more timely and accurate manner.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and strategy

Priory surgery had a vision to deliver high quality services in partnership with their patients and staff.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Regular meetings took place for staff groups including whole staff, nurse, partner, clinical governance and reception and administration staff meetings.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Despite the amount of change within Priory Surgery, an understanding of the clinical performance of the practice was maintained. The practice and the management team, although positive impact was not seen, had previously responded positively and timely to all feedback received.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were

approachable and always took the time to listen to all members of staff. The practice had been proactive in assessing and responding to the needs of their patient population, especially vulnerable patients.

The management team fully engaged with the inspection process. We were presented with extensive documents during the inspection and staff were keen to tell the inspection team how they felt the practice had improved over the last 12 months.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- There was an appraisal programme for the full practice team; we saw the practice had gathered feedback from staff through staff meetings and discussions.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from patients, the public and staff

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and carried out patient surveys. Improvements to the appointment system had been implemented but had not shown positive impact on the day of inspection.
- The practice had gathered feedback from staff through staff meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice had introduced a triage system for urgent on the day appointments. Administration staff were given training and assessment tools to enable them to make effective assessments to ensure patients were offered an appropriate appointment.

Immediately after our inspection, we were sent an action plan which included areas highlighted at the inspection feedback. This demonstrated the service was reactive to our feedback and confirmed their focus of continuous improvement.